State of Wisconsin
Department of Natural Resources
and Laboratory of Hygiene

Test Request – Inorganic Surface Water & Microbiology Form 4800-024 (R 8/15)

Billing and Reporting									
Account Number Field Number (Bottle Label ID)				Report to Add	ress (Non-DNF	R only)			
DNR User ID	Report To I	Name			City		State ZIP		
Date Results Needed (mm/dd/yyyy)					Report to Ema	ail (Non-DNR o	nly)		
Date and Time of Sample (Collection								
Date (mm/dd/yyyy)	Time (24-h	r clock) End	Date (mm/dd/yyyy)) End	Time				
Sample Type									
Sample Type: OSU Surface V	Vater (NP Storm Water	OEF Effluent (T	reated Wast	ewater)	IF Influent (Unt	reated wastewater)		
	king Water (MW Monitoring Well	OPO Private W	ell	\bigcirc	SE Sediment			
⊖SL Sludge	(⊖SO Soil	○TI Tissue		\bigcirc				
Who collected the sample									
Collected By Name		Telephone		Email					
Where the completives call	laatad								
Station ID (STORET #)	Sample Addre	ss or Location Descriptior	1						
		···· ··· ··· ··· ··· ··· ··· ·							
County	Waterbody ID	(WBIC)		Point / Outf	all (or SWIMS	Fieldwork Seq N	lo)		
Sample Details									
Sample Description / Device Des	cription								
		If Field OC Complex (agle							
Enforcement? () Yes () No	0			Depth of Sample: () ft () m () in () cm					
If yes, include chain of custody to	orm.	Cropt or Broject Number	0		and Bottom of S	Sample Interval:			
Is Sample Disinfected?	s ()No	Grant of Project Number			-				
If yes, how?						On (
Analyses Requested	a the bey on the	his shoot and noting on	of o main Maria la l			- : .0			
the lid of the sample bottle.		is sheet and noting on	250 mi Metals I	filtered? (C	heck box if yes))			
Plastic Quart Bottle (No chemic	al preservation)		Low Lovel Metale, Note: Clean compliand with appealed bettles					
Sample field filtered? (Check	box if yes)			Clow Level Metals. Note: Clean sampling with special bottles					
Alkalinity, pH, Conductivity Color			Total recoverab	Total recoverable metals will be run unless otherwise instructed					
BOD5 Dissolved				Aluminum Copper Selenium					
BOD ₅ Total (900 ml needed) MBAs Screening			Antimony	Antimony Hardness-as CaCO ₃ Silver					
CBOD ₅ Total (carbonaceous) pH only (non compliance)			Arsenic		Iron		Sodium		
Chloride			Barium	Barium Lead Strontium					
Chlorophyl A (if Field Filtered, Turbidity			Beryllium	Beryllium Magnesium Thallium					
give ml filtered)			Boron	Boron Manganese Titanium					
Solids				Cadmium Mercury Vanadium					
Suspended Sediment									
Total Dissolved Solids				Chromium, Total					
Total Solids			Cobalt	Cobalt Potassium					
Total Volatile Solids (includ	es total solids)		250 ml Nutrien	ts Bottle (Ad	cidify w/ Sulfu	ric Acid)			
60 ml Bottle (No chemical prese	rvation)			niterea? (C) a as Nitrogon	Total Kioldobl N		
Sample field filtered? (Check	box if yes)			N		s as minogen			
Orthophosphate	NO2+NO3	as Nitrogen (drinking wate		hosphorus (f	filter then acid	nreserve in 60 r			
Silica	Nitrite (NO	2) as Nitrogen	250 ml Round	Bacteria Ro	ttle	For lah use			
250 ml Glass Am	ber (Acidify w	/Sulfuric Acid)		v MPN. non-	potable	Sample	Temp °C		
		DOC		bcci by MPN,	, non-potable	lced			

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:

Test Request – Inorganic Surface Water & Microbiology

Form 4800-024 (R 8/15)

Only fill out if directed by your project coordinator.					
·	Gage Height (ft)				
·	Flow (cfs)				
·	Flow (MGD)				
	Depth to Groundwater				
	ft or m				
· ·	Transparency Tube (cm)				
Tt or m	Nitrates (mg/l)				
	Only fill out if directed by your project o	Only fill out if directed by your project coordinator.			

Tips

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <u>http://intranet.dnr.state.wi.us/int/es/science/ls/Forms/Instructions.htm</u>) for further instructions and definitions.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The Lake Grant or Project Number field should include the Lake Planning Grant Number or the Project Number.

Sample Depth – If you sample in a lake, this is required.

Field Parameters – If you do fill this out, the data will go into SWIMS automatically. Please do not re-enter. Also, you must QA the data once it arrives in SWIMS.